



Video Request Form
Freedom of Information Act
Pursuant to 5 ILCS 140/1 et seq.

Purpose: ISP records several hours of video for each incident. Submitting a request for all video pertaining to an incident will severely burden the Agency and may trigger ISP to deny your request as unduly burdensome. This form is not required but will facilitate the fulfillment of your request for videos under the Freedom of Information Act (FOIA).

Instructions: Complete this form to request video footage and return to: ISP.FOIA.Officer@illinois.gov

Please provide a detailed description of the video records requested. Include case numbers, report numbers, names, dates of birth, county of incident, and description of the incident.

Please limit your request to only the portions of the record that are relevant to your needs.

Name of Person Requesting Video: _____ <i>Last, First, Middle Initial</i>		
Company Name, if applicable: _____		
Detailed Description of Video Records Requested: _____ _____ _____		
Relevant case numbers, report numbers, etc.	Location of Incident – city, county, address, etc.	
Names of persons involved – subject, officer, etc.	Date of Birth of subject (if known):	
Signature: _____		
E-Mail Address:	Phone Number:	Date:
Physical Street Address:	City/State	Zip